

The Commonwealth of Massachusetts Department of Labor Division of Occupational Safety 19 Staniford Street, 2nd Floor Boston, MA 02114

Tel: 617-626-6960 Fax: 617-626-6965 www.mass.gov/dos

COURSE NOTIFICATION FORM ASBESTOS & LEAD TRAINING PROVIDERS

(In accordance with the provisions of M.G.L. c. 149, §. 6-6F and 453 CMR 6.05) & (In accordance with the provisions of M.G.L. c. 111, §. 189A-199B and 454 CMR 22.00)

Course Notification Form can be submitted by email to Ozelle.Rivera@state.ma.us (preferred) or by fax to (617) 626-6965.

Please complete all sections below by printing or typing the required information, this notification should be submitted no less than ten (10) days prior to the beginning of the course.

	License #:		Ş	School Name:		
	Asbestos	Lead	Compan	y Contact:		
	Phone #:			Fax#:		
En	nail address:					
Training location:						
Asbestos Training Courses						
Asb Cont/Supervisor Initial Asb Worker Initial Asb Worker Initial Asb Worker Refresher Inspector Initial Management Planner Initial Management Planner Refresher Project Monitor Initial Project Designer Initial Project Designer Refresher Project Designer Initial Asb Cont/Supervisor Refresher Asb Worker Spanish Initial Asb Worker Spanish Refresher Asb Worker Spanish Refresher Asb Associated Project Worker Project Monitor Initial Project Designer Refresher						
Course Training Date(s):						
Lead Training Courses						
□ Deleading Supervisor Initial □ Deleading Supervisor Refresher □ Deleader Worker Initial □ Deleader Worker Refresher □ Spanish Deleader-Worker Initial □ Spanish Deleader-Worker Refresher □ Lead-Safe Renovator-Supervisor Initial □ Lead-Safe Renovator-Supervisor Refresher □ Lead-Safe Renovator-Supervisor Moderate Risk Deleading Option						
Course Training Date(s):						